



# Immunization Form

Records or Exemption

According to Colorado Laws governing residential camps this form (or other qualifying immunization form) must accompany the registration form of the camper/sponsor.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

## COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine	Enter the month, day and year each immunization was given						
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date _____	Lab Verification Date _____
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

## STATEMENT OF EXEMPTION TO IMMUNIZATION LAW

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

Signed \_\_\_\_\_ Date \_\_\_\_\_ **Medical exemption to the following vaccine(s):**  
 Physician Hep B DTaP Tdap Hib IPV PCV MMR VAR

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_ **Religious exemption to the following vaccine(s):**  
 Parent, guardian, emancipated student/consenting minor Hep B DTaP Tdap Hib IPV PCV MMR VAR

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

Signed \_\_\_\_\_ Date \_\_\_\_\_ **Personal exemption to the following vaccine(s):**  
 Parent, guardian, emancipated student/consenting minor Hep B DTaP Tdap Hib IPV PCV MMR VAR